

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>19-DEC-2011</b>		TIME <b>22:05:00</b>		2. ADDRESS OF OCCURRENCE				3. LOCATION CODE <b>280</b>		4. BEAT/OCCUR <b>0621</b>									
	5. POSITION <b>9161</b>		6. LAST NAME <b>WELLS JR</b>		7. FIRST NAME <b>JAMES L</b>		8. STAR NO. <b>12881</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>510</b>		12. HT. <b>200</b>		13. WT. <b>200</b>			
	14. DATE OF APPT. <b>30-JUL-2001</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>006 0602</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME				21. FIRST NAME				22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>601</b>		27. WT. <b>175</b>	
	28. ADDRESS				29. TELEPHONE NO.				30. WAS SUBJECT ARMED? <b>VERBAL THREAT (ASSAULT), HANDS/FISTS</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>EMS 24</b>				34. BY WHOM? <b>EMS 24</b>				35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED <b>720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-5-A</b>																			
	37. CB NO. IR NO. <input type="checkbox"/> DNA																			
	38. <input type="checkbox"/> DNA																			
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>				FLED <input type="checkbox"/>				IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>				ATTACK WITH WEAPON <input type="checkbox"/>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>				PULLED AWAY <input checked="" type="checkbox"/>				OTHER				ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>				WEAPON <input type="checkbox"/>			
MEMBERS RESPONSE	OTHER				OTHER				OTHER				OTHER				OTHER			
	MEMBER PRESENCE <input checked="" type="checkbox"/>				OPEN HAND STRIKE <input checked="" type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>				KNEE STRIKE <input type="checkbox"/>				FIREARM <input type="checkbox"/>			
	VERBAL COMMANDS <input checked="" type="checkbox"/>				TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>				KICKS <input type="checkbox"/>				OTHER			
WEAPON DISCHARGE INCIDENT	ESCORT HOLDS <input type="checkbox"/>				OC CHEMICAL WEAPON <input type="checkbox"/>				CANINE <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
	WRISTLOCK <input type="checkbox"/>				TASER (Probe Discharge) <input type="checkbox"/>				TASER (Contact Stun) <input type="checkbox"/>				TASER (Laser Targeted) <input type="checkbox"/>				TASER (Spark Displayed) <input type="checkbox"/>			
	ARMBAR <input checked="" type="checkbox"/>				TASER (Other) <input type="checkbox"/>				OTHER				OTHER				OTHER			
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA																			
	40. ADDITIONAL INFORMATION																			
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																			
CASE INFO.	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																			
	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial																			
	44. WEATHER CONDITIONS <b>OTHER</b>																			
SIGNATURES	45. MAKE/MANUFACTURER																			
	46. MODEL																			
	47. BARREL LENGTH																			
SIGNATURES	48. CALIBER/GAUGE																			
	49. TASER DART ID NO.																			
	50. WEAPON SERIAL No. (Include Letters)																			
SIGNATURES	51. CHICAGO GUN REG. NO.																			
	52. IL FIREARM OWNER ID. NO.																			
	53. HANDGUN CERTIFICATE NO.																			
SIGNATURES	54. SPECIAL WEAPON CERTIFICATE NO.																			
	55. PROPERTY INVENTORY NO.																			
	56. TYPE OF AMMUNITION USED																			
SIGNATURES	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER																			
	58. TOTAL NO. OF SHOTS MEMBER FIRED																			
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																			
SIGNATURES	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
	61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED																			
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																			
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																			
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																			
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
SIGNATURES	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																			
	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																			
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																			
SIGNATURES	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																			
	70. EVENT NO.																			
	71. R.D. NO.																			
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.																			
	NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.																			
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>WELLS JR, JAMES L</b>																			
	STAR/EMPLOYEE NO. <b>12881</b>																			
	SIGNATURE																			
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) <b>BARRY, KEVIN J</b>																			
	STAR NO. <b>1816</b>																			
	SIGNATURE																			
SIGNATURES	DATE REVIEWED <b>19-DEC-2011 23:28:17</b>																			
	TIME																			
	19-DEC-2011 23:28:17																			

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

After being advised of his Miranda Rights by R/Lt. per the PBPA handbook on 19 December 2011 at 2216 hrs. in the 006th District processing area, the arrestee repeatedly yelled at R/Lt. that he did not hit that officer. The arrestee appeared to be under the influence, his speech was slurred, he was confused and continually yelled unintelligible words. R/Lt. observed a scratch above his right eye and requested a CFD ambulance for treatment. No other injuries were visible nor did the arrestee complain of any.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts and information available at this time, R/Lt. has concluded that the officer's actions were in compliance with Department procedures and directives.

CL# obtained from CPICC at 2350 hrs. per PO Kochan #7160

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1050779 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

SEARS, MARGARET A

SIGNATURE

DATE COMPLETED

TIME

19-DEC-2011 23:56:29

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

3

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)